

15/5/2010

INS. CASE OWNER:

CC VAIG1801

8095, 11/10/18

LKK: IDAC:

LIABILITY

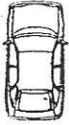
Surveyor: XXX

DOI: ASSIGNMENT 5/10/18

Date / Time: 4/10/18

Registered in Merimen: 5/10/18

Pre-assign / CCU / FTE



Insured Vehicle No.: SMF 618 H
Name of Insured: TAN KH KUNIN
Insured Tel No.: _____ HP: 96687466
Excess Sec II :SS _____ D.O.A.: 02/10/18
Is driver the owner? (YES / NO) Nature of Accident: _____

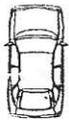
Claim No.: 990569757059
Policy No.: 1800069686
Make / Model: HANDOVER
Place of Accident: DUNE ARW RD

If NO, Driver Name / Age: _____
Driver Tel No.: _____

(YES / NO)

OI GIA REPORT: (YES / NO) ; TP GIA REPORT: (YES / NO)
Insured Liability: % Final ? Yes / No

SJU 1785H



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
<u>11/10/18</u>	<u>SJU 1785H to complete</u>	Non-Reporting ltr (1st):	
	<u>*BOTH PROVIDED</u>	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
<u>11/11/18</u>	<u>28-03-20</u>	Notification ltr (if non-pickup):	
	<u>AS BOTH PARTIES ACCUSING EACH OTHER FOR CUTTING LANE WITHOUT ANY CONCRETE PROOF. 50% IS THE BEST SETTLEMENT.</u>	Call OI:	<u>3/9/19 icronchua</u>
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: PIP SS 962.48 (2 days) Reduction: 77% Email Call

FINAL SETTLEMENT Date/Time: 30/3/2020 Confirm with Lee Email Call

Final Liability: 100% % 50/1 (Agreed / Assessed) BOLA S/N No.: NIL If NO or B 28, Ass. Lia: _____

Repair Cost: 962.48 SS 481.24 (4 days) X \$120 (W/GST) (BOTH BLAMING EACH OTHER - ENCROACHMENT)

Loss of Rental (LOR): 513.60 SS 256.80 (S - x - days)

Loss of Use (LOU): _____ SS _____ (S - x - days)

Loss of Income (LOI): _____ SS _____ (S - x - days)

LOR only LOU only LOR + LOU LOR + LO [Tick only one]

GIA/LTA Search 2.00 SS 2.00

Medical: _____ SS _____

Disbursement: _____ SS _____ (e.g. Tow/ Independent)

Legal Cost _____ SS _____

Total: 1478.08 SS 740.04 Global Sum SS: 740

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: _____ SS 740 Name 1: AUTOWORX HOUSE

Payee 2: (Strike if N.A.) _____ SS _____ Name 2: _____

Payee 3: (Strike if N.A.) _____ SS _____ Name 3: _____

QA / COPY SENT
21/9/2020
Typist: To make sure
ATA - company chop ok

ASSIGNMENT

(-2019)

From: **5/10/18**
 Date: **5/10/18**
 Estimated Cost:
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: **SJU 1785H**
 at Workshop m/s: **Supreme Auto**
 of: **No. 176 Bin Ming Drive #02-01**
 Insured:
 Policy No.
 Claims No.
 Sum Insured: Excess:
 (Client's Record)
 Make of Veh:

Veh No: **SJU 1785H** Yr Regn: **23 Nov 2009**
 Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Honda Civic** c.c. **1998**
 Colour: **white** A/C: Insured / Std / NI / NA
 Sp. Reading: **64800** T/Radio: Insured / Std / NI / NA
 Eng/No:
 C/No: **JHMFD 264095 200 864**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: **205/55 R16**
 R: **11**

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: **\$25k**
 IDAC Accident Rpt: Consistent? : Yes or No
 GIA / PR Seen: Consistent? : Yes or No
 Est. Repairs: **2** days Res.: Yes or No
 Lum Sum: % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS **'up'**
 Date: Person Contacted:

<input checked="" type="radio"/> N/S	<input type="radio"/> O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front Rear
 R/Bal. **6** mm R/Bal. **6** mm
 L/Bal. **6** mm L/Bal. **6** mm
 D.O.A. D.O.I. **05-10-18**
 Survey held at **w/s** **4:30pm**
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	C p 10\$962. 481 Red \$ 3,204.96 / 77.1)
	2. + 1 Sunday + 2 pps. = 5 days

Date/Time, File Pass to? : Preli. Report : Final Report

1) Date/Time, File Return to?

2)

Report Format : _____

Lump Sum / I.B.I. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: Site Insp (\$ _____) Interview (\$ _____) Tech. Invs (\$ _____) Weekend (\$ _____)

Survey Fee: _____
 Transportation: _____
 \$ + RS. SI _____
 Photos _____
 Others _____
 TOTAL _____

AUTOWORX HO

176 SIN MING DRIVE #02-01 SINGAPORE 575721
 TEL: 6452 8211 FAX: 6451 7420

9672 5547

ESTIMATE

UNIQUE TOURIST SERVICE PTE LTD
 c/o 46 Lenton Plain
 Singapore 786548

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Signature: _____
 Date: _____

Date: 4/10/2018

QUANTITY	PARTICULARS	AMOUNT (\$)
	RE: HONDA CIVIC 2.0 / SJU 1785 H	
1 pc	front fender <i>X</i> <i>ly repair</i>	578.60 <i>X</i>
1 pc	front door <i>X</i>	978.10 <i>X</i>
1 pc	front door protector <i>act</i>	126 276.40 <i>/</i>
1 pc	front door protector moulding <i>acc</i>	87 195.70 <i>/</i>
1 pc	side mirror assy <i>X repair</i>	765.40 <i>X</i>
1 pc	side mirror signal <i>scr</i>	177.60 <i>X</i>
	sub-total	2,971.80
	less 20%	594.36
	sub-total	2,377.44
	To remove and replace the parts mentioned above, panel beat and realign the necessary affected areas. <i>200</i>	600 800.00
	To check wiring system. <i>NN</i>	<i>X</i> 40.00
	To apply rust proofing on affected areas.	<i>X</i> 100.00
	To apply putty and spray painting on affected areas. <i>450</i>	850.00
	<i>2 Days - part by part.</i>	
	<i>After repairs photos.</i>	
	<i>Emo Ong - 8288 0282</i>	
	<i>05/10/18.</i>	
	<i>962.48</i>	
	Total	4,167.44